

## 약침치료를 이용한 각종 암환자의 임상사례

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### Case Study of Cancer Patients Treated with Herbal Acupuncture Therapy

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#### (ABSTRACT)

**Objective :** This study was aimed to validate the Herbal Acupuncture Therapies(HAT) for cancer patients.

**Patients and methods :** This retrospective study was performed on 8 patients who were diagnosed as cancer in Korea and treated with HAT in the oriental hospital of Daejeon University, from January 2003 to January 2004. We retrospectively analyzed the medical records of 8 patients for improvement of symptoms, toxic effects of liver and kidney, myelosuppression and changes of Quality of Life(QOL).

**Results :** Analysis of change of chief complaints showed that 75% patients replied moderate relief and 25% replied complete relief in Likert scale. Analysis of Liver Function Test(LFT), Renal Function Test(RFT) level showed that HAT does not have toxic effects on liver and kidney. Analysis of Complete Blood Count(CBC) level showed that HAT does not have myelosuppression effects on bone marrow. Analysis of QOL showed that 100% patients replied improvement in Eastern Cooperative Oncology Group status(ECOG) status.

**Conclusion :** Our findings suggest that HAT offer potential benefits for cancer patients.

**Key words :** Herbal Acupuncture Therapies (HAT), Quality of Life (QOL)

### I . Introduction

Cancer is a growing health problem around the world-particularly with the steady rise in life expectancy, increasing urbanization and the subsequent changes in environmental

conditions, including lifestyle<sup>1)</sup>. The use of complementary and alternative medicine(CAM) in the general population has grown considerably in recent years and CAM is now a significant issue for those delivering cancer-patient care and management<sup>2-4)</sup>. Among these alternative practices, Herbal Acupuncture Therapies(HAT) provides elaborate and accountable theories backed by thousands of years of experience of oriental medicine and exploring laboratory data to give positive view for the effects recently<sup>5-7)</sup>. For this reason, the importance of HAT as a complement and alternative to western conventional therapy is now being

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acknowledged around the world.

HAT is a new type of acupuncture treatment method that incorporates existing acupuncture and herbal medication to stimulate the acupuncture point<sup>7)</sup>. In our hospital, we have incorporated our knowledge of HAT with conventional methods of cancer treatment to mutually complement each other's weaknesses. Using these advancements in cancer treatment, we have researched mechanisms of HAT. Through various clinical trials, we believed that HAT provided to patients in the oriental hospital of Daejeon University has significant effects on improving symptoms and Quality of Life(QOL) of cancer patients<sup>5-8)</sup>.

However, it is still needed to study the clinical-based systemic statistic validation of HAT among cancer patients with more intensive and careful manners. The aim of this study is to examine the validity of HAT in cancer patients. In the present study, we investigated for improvement of symptoms, toxic effects on liver and kidney, myelosuppression effects on bone marrow and changes of QOL in cancer patients treated with HAT.

## II. Patients and methods

This retrospective study was performed on 8 patients, who were diagnosed as cancer in Korea and treated with HAT in the Oriental Hospital of Daejeon University from January 2003 to January 2004. For the related symptoms, we also used another herb medicines based on disciplines of

Table 1. Clinical Profile of the Cancer Patients Treated with HAT

Characteristics	No. of patients
Gender	
Male / Female	1 / 7
Mean age (yr)	48.8
Primary diagnosis	
liver / breast / cervix / stomach	1 / 4 / 2 / 1
Stage	
I / II / III	3 / 1 / 4
Previous treatment*	
Conventional Tx / None	9 / 0

\*Conventional Tx : chemotherapy, radiotherapy, surgery

syndrome differentiation in the prescription book of our hospital<sup>9)</sup>.

The clinical informations were collected from clinical chart, personal interview for hospitalized patients. We also investigated some clinical characteristics such as gender, age, primary diagnosis, stage, radiological diagnosis records, hematological results and previous treatment.<Table 1>

### 1. Definition of HAT

HAT is a new type of acupuncture treatment method that incorporates existing acupuncture and herbal medication to stimulate the acupuncture point<sup>7)</sup>. HAT consists of the well known and frequently used methods in Oriental Hospital of Daejeon University. In HAT, we use "Soyeum" for its anti-tumor effect<sup>6)</sup>. The prescription of "Soyeum" is as follows.<Table 2>

Table 2. Prescription of "Soyeum"

Herb	Botanical name	Relative amount (mg)
蒲公英	Taraxaci herba	39.0
金銀花	Lonicerae flos	39.0
生地黃	Rehmanniae radix	39.0
連翹	Forsythiae fructus	39.0
黃連	Coptidis rhizoma	24.0
黃芩	Scutellariae radix	24.0
黃柏	Phellodendri cortex	24.0
梔子	Gardeniae fructus	24.0
Total amount		252.0

### 2.2. Description of data

We described the medical records of 8 cancer patients as follows.

- 1) Gender and Age
- 2) Primary Diagnosis and Stage
- 3) Previous Treatment
- 4) Chief Complaints
- 5) Duration of Treatment with HAT
- 6) Change of Chief Complaints after Treated with HAT
- 7) Change of LFT(Liver Function Test), RFT(Renal Function Test)

8) Change of CBC(Complete Blood Count)

9) Change of QOL

In change of chief complaints after treated with HAT, we used Likert scale(with 0 being no relief at all and 3 being complete relief)<sup>9)</sup>. The grades are as follows.<Table 3>

Table 3. Likert scale

Categories	Grade
No relief	0
Some relief	1
Moderate relief	2
Complete relief	3

In QOL(performance), we used ECOG status(Eastern Cooperative Oncology Group status)<sup>10)</sup>. The grades are as follows.(Table 4)

Table 4. ECOG Performance Status

Grade	ECOG
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
5	Dead

### III. Results

#### 1. Park ○○

1) Gender and Age  
Female/47

2) Primary Diagnosis and Stage  
Lt Breast Ca(filtrating ductal Ca)  
Meta to Bone(L5) / stage IV  
2002. 2. 8 Dx(Stage III), OP, C-Tx, R-Tx, Tamoxifen

PO-med

2003. 2 meta to bone Dx, No Tx

2003. 5. 14 visit Oriental Hospital

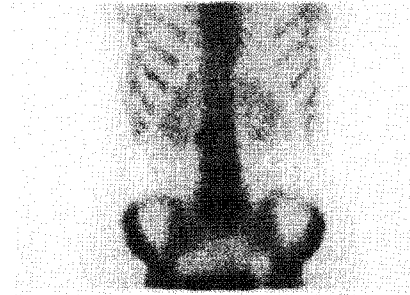


Fig. 1. 2003. 2. 24. WBBS

3) Previous Treatment

Yes(OP, C-Tx, R-Tx, Hormone Tx)

4) Chief complaints

Lumbago (Dull pain) Gr III

5) Duration of treatment with HAT

2003. 5. 19 - 2003. 6. 26(39days)

6) Change of chief complaints after treated with HAT

Likert scale : moderate relief (Gr 2)

SLR 60° → SLR 80°

7) Change of LFT, RFT

	2003. 5. 20	2003. 6.23
AST(0-34IU / L)	17	20
ALT(0-38IU / L)	16	16
BUN(7-18mg / dl)	11.6	10.6
Creatinine(0.7-1.5mg / dl)	0.6	0.6

8) Change of CBC

	2003. 5. 20	2003. 6.23
WBC(45-110 10 <sup>2</sup> / μl)	47	48
Lympho(15-45%)	39.6	40.2
Mono(2-10%)	4.8	2.8
Seg(40-80%)	55.6	57.0
RBC(400-650 10 <sup>4</sup> / μl)	376	389
Hgb(12-17g / dl)	11.6	12.0
hemat(36-52%)	35.2	34.7
Platelet(15-45 10 <sup>4</sup> / μl)	27.7	28.7

9) Change of QOL  
ECOG II → I

**2. Yang ○○**

1) Gender and Age  
Female / 48

2) Primary Diagnosis and Stage

Lt Breast Ca  
Meta to L / N, Bone(Rt scapular, Lt sternoclavicular joint) / stage IV  
1996. 7. Dx(Stage III), OP, C-Tx, R-Tx, Tamoxifen PO-med  
1998. 2 meta to bone Dx, R-Tx  
2000. 7 meta to bone Dx, No-Tx  
2001. 3. 17 visit Oriental Hospital

3) Previous Treatment  
Yes(OP, C-Tx, R-Tx, Hormone Tx)

4) Chief complaints  
Rt shoulder pain Gr III

5) Duration of treatment with HAT  
2003. 8. 6 - 2003. 10. 28(84days)

6) Change of chief complaints after treated with HAT  
Likert scale : moderate relief (Gr 2)

7) Change of LFT, RFT

	2003. 8. 6	2003. 10. 28
AST(0-34IU / L)	20	27
ALT(0-38IU / L)	10	25
BUN(7-18mg / dl)	13.0	12.0
Creatinine(0.7-1.5mg / dl)	0.5	0.6

8) Change of CBC

	2003. 8. 6	2003. 10. 28
WBC(45-110 10 <sup>3</sup> / μℓ)	52	53
Lympho(15-45%)	38.8	35.2
Mono(2-10%)	3.8	5.2
Seg(40-80%)	57.4	59.6
RBC(400-650 10 <sup>6</sup> / μℓ)	454	431
Hgb(12-17g / dl)	12.8	12.5
hemat(36-52%)	37.2	35.9
Platelet(15-45 10 <sup>3</sup> / μℓ)	26.7	24.1

9) Change of QOL  
ECOG II → I

**3. Choi ○○**

1) Gender and Age  
Female / 47

2) Primary Diagnosis and Stage

Uterus cervix Ca  
Meta to L / N(Lt. inguinal, Lt. ext. iliac, paraaortic) / stage IV  
2000. 2 Dx(Stage IV), C-Tx, R-Tx

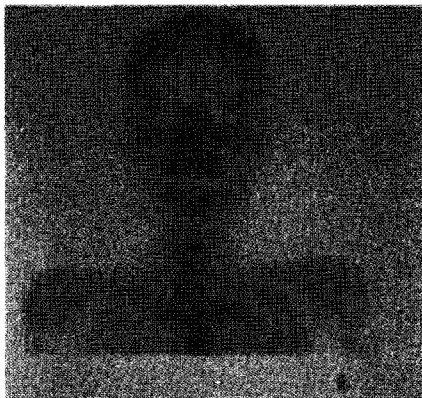


Fig. 2 2002. 12. 13. WBBS

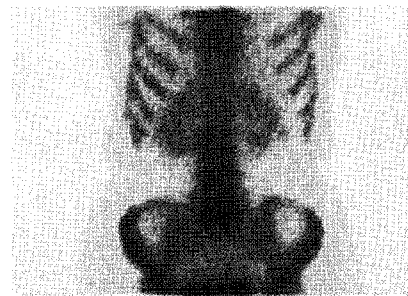


Fig. 3 2002. 12. 13. WBBS

2001. 7. 3 visit Oriental Hospital

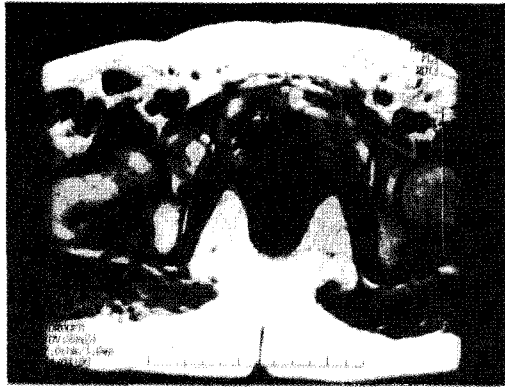


Fig. 4 2001. 5. 28. MRI in pevis

3) Previous Treatment  
Yes(C-Tx, R-Tx)

4) Chief complaints  
Vaginal discharge

5) Duration of treatment with HAT  
2003. 9. 30 - 2003. 10. 30(30days)

6) Change of chief complaints after treated with HAT  
Likert scale : completely relief (Gr 3)

7) Change of LFT, RFT

	2003. 9. 30	2003. 10. 30
AST(0-34IU / L)	26	31
ALT(0-38IU / L)	20	36
BUN(7-18mg / dl)	24.3	28.3
Creatinine(0.7-1.5mg / dl)	0.9	1.0

8) Change of CBC, UA

	2003. 9. 30	2003. 10. 30
WBC(45-110 10 <sup>3</sup> / μℓ)	41	33
Lympho(15-45%)	46.4	39.8
Mono(2-10%)	5.4	8.1
Seg(40-80%)	48.2	52.1
RBC(400-650 10 <sup>4</sup> / μℓ)	389	371
Hgb(12-17g / dl)	11.6	10.9
hemat(36-52%)	33.9	32.3
Platelet(15-45 10 <sup>4</sup> /μℓ)	20.7	19.3

	2003. 9. 30	2003. 10. 30
Color	Straw	Straw
S.G(1.005-1.025)	1.020	1.020
PH(5 / 0-8 / 0)	6.0	6.0
OB	+	+
Allbumin	-	-
Sugar	-	-
Ketone	-	-
Urobi	-	-
Bilir	-	-
Nit	-	-
RBC(0-5 / HPF)	10-15 / HPF	1-2 / HPF
WBC(0-5 / HPF)	7-10 / HPF	0-1 / HPF
Epi cell	many	0-1 / LPF

9) Change of QOL  
ECOG I → 0

#### 4. Lee ○○

1) Gender and Age  
Male/45

2) Primary Diagnosis and Stage  
Hepatocellular Ca / stage II  
2002. 8.23 Dx(Stage II), TACE  
2002. 9. 4 visit Oriental Hospital



Fig. 5 2003. 1. 27. CT in abdomen

3) Previous Treatment  
Yes(TACE)

4) Chief complaints

Rt flank dull pain

5) Duration of treatment with HAT

2003. 3. 3 - 2003. 4. 15(44days)

6) Change of chief complaints after treated with HAT

Likert scale : moderate relief(Gr II)

7) Change of LFT, RFT

	2003. 3. 4	2003. 4. 8
AST(0-34IU / L)	20	20
ALT(0-38IU / L)	16	18
BUN(7-18mg / dl)	17.4	12.2
Creatinine(0.7-1.5mg / dl)	0.7	0.8

8) Change of CBC

	2003. 3. 4	2003. 4. 8
WBC(45-110 $10^3/\mu\ell$ )	80	102
Lympho(15-45%)	28.0	24.3
Mono(2-10%)	5.3	3.1
Seg(40-80%)	66.7	72.6
RBC(400-650 $10^4/\mu\ell$ )	491	521
Hgb(12-17g/dl)	12.6	13.9
hemat(36-52%)	39.7	40.7
Platelet(15-45 $10^4/\mu\ell$ )	30.3	31.8

9) Change of QOL

ECOG II  $\rightarrow$  0

5. Choi ○○

1) Gender and Age

Female / 46

2) Primary Diagnosis and Stage

Breast Ca(Infiltrating ductal ca) T2N2Mx

2002. 8 Dx(Stage II), C-Tx, Op, R-Tx

2003. 5. 17 visit Oriental Hospital

3) Previous Treatment

Yes(C-Tx, Op, R-Tx)



Fig. 6 2003. 10. 13. X-ray in C-spine

4) Chief complaints

Lt upperlimb edema, Neck pain from side effects of operation

5) Duration of treatment with HAT

2003. 10. 13 - 2003. 11. 17(36days)

6) Change of chief complaints after treated with HAT

Likert scale : moderate relief(Gr II)

7) Change of LFT, RFT

	2003. 10. 13	2003. 11. 10
AST(0-34IU/L)	39	30
ALT(0-38IU/L)	15	20
BUN(7-18mg/dl)	11.8	10.6
Creatinine(0.7-1.5mg/dl)	0.7	0.6

8) Change of CBC

	2003. 10. 13	2003. 11. 10
WBC(45-110 $10^3/\mu\ell$ )	43	38
Lympho(15-45%)	50.3	26.1
Mono(2-10%)	12.5	6.6
Seg(40-80%)	37.2	67.3
RBC(400-650 $10^4/\mu\ell$ )	387	380
Hgb(12-17g / dl)	11.5	12.3
hemat(36-52%)	36.1	35.5
Platelet(15-45 $10^4/\mu\ell$ )	7.7	8.8

- 9) Change of QOL  
ECOG II → I

**6. Kwak ○○**

- 1) Gender and Age  
Female / 52
- 2) Primary Diagnosis and Stage  
Uterus cervix Ca  
2000. 11 Dx(Stage II), Op  
2002. 9. 24 visit Oriental Hospital

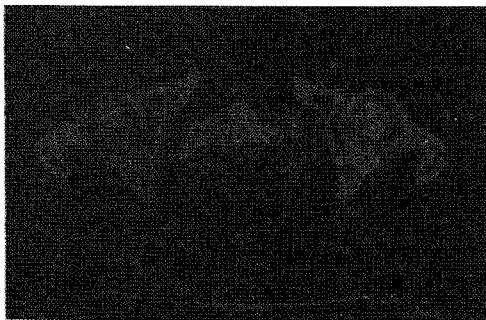


Fig. 7 2003. 3. 27. CT in pelvis

- 3) Previous Treatment  
Yes(Op)
- 4) Chief complaints  
climacteric change, especially palpitation, headache
- 5) Duration of treatment with HAT  
2003. 10. 8 - 2003. 11. 14(38days)
- 6) Change of chief complaints after treated with HAT  
Likert scale : moderate relief(Gr II)
- 7) Change of LFT, RFT

	2003. 10. 13	2003. 11. 10
AST(0-34IU / L)	14	18
ALT(0-38IU / L)	6	11
BUN(7-18mg / dl)	11.3	13.4
Creatinine(0.7-1.5mg / dl)	0.6	0.6

- 8) Change of CBC

	2003. 10. 13	2003. 11. 10
WBC(45-110 $10^3/\mu\ell$ )	60	69
Lympho(15-45%)	29.0	32.5
Mono(2-10%)	2.8	2.8
Seg(40-80%)	68.2	64.7
RBC(400-650 $10^4/\mu\ell$ )	367	376
Hgb(12-17g /dl)	11.3	11.8
hemat(36-52%)	32.6	34.1
Platelet(15-45 $10^4/\mu\ell$ )	33.6	38.4

- 9) Change of QOL  
ECOG II → I

**7. Oh ○○**

- 1) Gender and Age  
Female / 53
- 2) Primary Diagnosis and Stage  
AGC  
meta to L / N(Stage III)  
1999. 7 Dx(Stage III), Op, C-Tx  
2001. 1. 3 visit Oriental Hospital

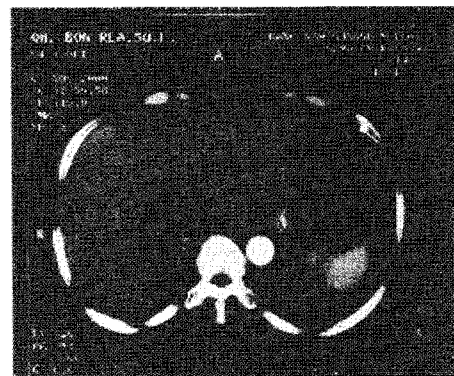


Fig. 8 2001. 11. 1. CT in abdomen

- 3) Previous Treatment  
Yes(Op, C-Tx)
- 4) Chief complaints  
Dumping syndrome, Dyspepsia
- 5) Duration of treatment with HAT  
2003. 9. 30 - 2003. 11. 3(38days)

- 6) Change of chief complaints after treated with HAT  
Likert scale : complete relief(Gr III)

- 7) Change of LFT, RFT

	2003. 9. 30	2003. 11. 3
AST(0-34IU / L)	14	16
ALT(0-38IU / L)	11	12
BUN(7-18mg / dl)	16.8	13.6
Creatinine(0.7-1.5mg / dl)	0.7	0.7

- 8) Change of CBC

	2003. 9. 30	2003. 11. 3
WBC(45-110 $10^3/\mu\ell$ )	38	40
Lympho(15-45%)	37.1	43.3
Mono(2-10%)	4.7	8.6
Seg(40-80%)	58.2	48.1
RBC(400-650 $10^4/\mu\ell$ )	405	473
Hgb(12-17g /dl)	11.4	13.1
hemat(36-52%)	33.3	38.9
Platelet(15-45 $10^4/\mu\ell$ )	21.1	23.4

- 9) Change of QOL  
ECOG I → 0

### 8. Lee ○○

- 1) Gender and Age  
Female / 52

- 2) Primary Diagnosis and Stage  
Rt. Breast Ca  
meta to Lt. Breast, L/N, Bone(Stage IV)  
2001. 2 Dx(Stage III), Op, C-Tx, R-Tx, po-med(Hormone)  
2002. 7 meta to Lt. Breast Dx, Op, C-Tx, R-Tx  
2003. 7. 11 bone meta Dx.  
2003. 12. 18 visit Oriental Hospital

- 3) Previous Treatment  
Yes(Op, C-Tx, R-Tx, Hormone Tx)

- 4) Chief complaints  
Lt. Chest&axillary pain

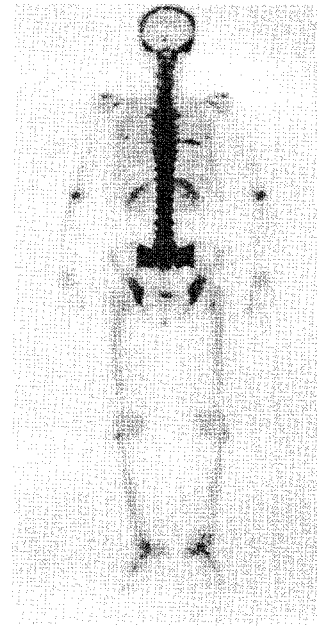


Fig. 9 2003. 7. 11. WBBS

- 5) Duration of treatment with HAT  
2003. 12. 19 - 2004. 1. 15(28days)

- 6) Change of chief complaints after treated with HAT  
Likert scale : moderate relief(Gr II)

- 7) Change of LFT, RFT

	2003. 12. 19	2004. 1. 14
AST(0-34IU / L)	17	21
ALT(0-38IU / L)	13	14
BUN(7-18mg / dl)	20.5	15.9
Creatinine(0.7-1.5mg / dl)	0.7	0.7

- 8) Change of CBC

	2003. 12. 19	2004. 1. 14
WBC(45-110 $10^3/\mu\ell$ )	37	35
Lympho(15-45%)	46.3	33.8
Mono(2-10%)	7.2	6.0
Seg(40-80%)	46.5	60.2
RBC(400-650 $10^4/\mu\ell$ )	329	316
Hgb(12-17g /dl)	10.4	10.0
hemat(36-52%)	29.7	27.6
Platelet(15-45 $10^4/\mu\ell$ )	26.5	23.2

- 9) Change of QOL  
ECOG II → I



#### IV. Discussion

According to a recent report by the World Health Organization(WHO), there are now more than 10 million cases of cancer per year worldwide. In 2003, it is estimated that approximately 1,300,000 new cases of cancer will be diagnosed, and more than 550,000 people will die from cancer in the United States alone<sup>1)</sup>.

The use of complementary and alternative medicine(CAM) in the general population has grown considerably in recent years throughout the world. CAM is now a significant issue for those delivering medicine as well as the western medicine in Korea.

Among these alternative practices, Herbal Acupuncture Therapies(HAT) provides elaborate and accountable theories backed by thousands of years of experience of oriental medicine and exploring laboratory data to give positive view for the effects recently<sup>5-7)</sup>. HAT is a new type of acupuncture treatment method that incorporates existing acupuncture and herbal medication to stimulate the acupuncture point<sup>7)</sup>. In our hospital, we have incorporated our knowledge of HAT with conventional methods of cancer treatment to mutually complement each other's weaknesses. Using these advancements in cancer treatment, we have developed new drugs and researched mechanisms of HAT. Through various clinical trials, we believed that HAT provided to patients in the oriental hospital of Daejeon University has significant effects on improving symptoms of cancer patients<sup>5-8)</sup>.

For the analysis of change of chief complaints after treated with HAT, 6 patients replied Grade 2(moderate relief) in Likert scale, and 2 patients replied Grade 3(complete relief)

Table 5. Changes of Serum Biochemical Changes(LFT, RFT) in Patients Treated with HAT

Test	pre-Treatment	post-Treatment	p value
AST (< 34IU / L)	20.9 ± 8.3 <sup>+</sup>	22.9 ± 5.7	NS <sup>++</sup>
ALT (< 38IU/L)	13.4 ± 4.3	19.0 ± 8.2	NS
BUN(7-18mg / dl)	15.8 ± 4.8	14.6 ± 5.8	NS
Creatinine(0.7-1.5mg / dl)	0.7 ± 0.1	0.7 ± 0.1	NS

<sup>+</sup> : Values are represented as Mean ± SE (Standard Error)

<sup>++</sup>NS : Not Significant

in Likert scale. We can expect to use HAT to improve symptoms related with cancer from this result. But it needs much accurate and broad research to demonstrate the objective effects of HAT in the future.

For the analysis of serum biochemical changes indicating liver and renal damage, we checked LFT(AST, ALT) and RFT(BUN, Creatinin) in pre-treatment and post-treatment day. Analysis of LFT(AST, ALT) and RFT(BUN, Creatinin) change showed that HAT hasn't toxic effects on liver and kidney and is a safety treatment.<Table 5>

For the analysis of serum biochemical changes indicating myelosuppression for bone marrow, we checked CBC(WBC, RBC, Hgb, plt) in pre-treatment and post-treatment day. Analysis of CBC(WBC, RBC, Hgb, plt) change showed that HAT hasn't myelosuppression effects on bone marrow and is a safety treatment.<Table 6> It is interesting to note that CBC level is increased after treated with HAT. Although it has no significant impact statistically, this discrepancy could be explained that HAT can be useful for myelosuppressed patients by chemotherapy. We hope that other groups will further evaluate the relationship between myelosuppression and the use of HAT.

Table 6. Change of Blood Chemistry Finding(CBC) in Patients

Test	pre-Treatment	post-Treatment	p value
RBC(400-600 10 <sup>3</sup> / μℓ)	396.2 ± 6.3	408.7 ± 7.1	NS
Hg (12-16g / dl)	12.0 ± 0.2	12.3 ± 0.2	NS
WBC (45-110 10 <sup>3</sup> / μℓ)	49.8 ± 1.8	58.4 ± 1.6	NS
Platelet (15-45 10 <sup>4</sup> / μℓ)	24.0 ± 1.0	23.4 ± 0.8	NS

For the analysis of QOL after treated with HAT, the number of improvement is 8 cases(100.0%). It showed that HAT has significant effects on improving clinical symptoms of cancer patients. The results are as follows.<Table 7>

However, Some methodological limitations of the study should be exhibited. These results are out of place as for being generalizing because the sample under investigation is too small, and results might apply only to Korea. Moreover, our study is a small one of retrospective series, thus making

Table 7. Change of ECOG in Patients

Patients	Primary diagnosis disease	ECOG change
Caes 1 (Park ○○) F/47	Breast Cancer	II → I
Caes 2 (Yang ○○) F/48	Breast Cancer	II → I
Caes 3 (Choi ○○) F/47	Uterus Cervix Cancer	I → 0
Caes 4 (Lee ○○) M/45	Liver Cancer	II → I
Caes 5 (Choi ○○) F/46	Breast Cancer	II → I
Caes 6 (Kwak ○○) F/52	Uterus Cervix Cancer	II → I
Caes 7 (Oh ○○) F/53	Stomach Cancer	I → 0
Caes 8 (Lee ○○) F/52	Breast CancerI	I → I

comparison across studies difficult. This study is still needed to study the clinical-based systemic statistic validation of HAT among cancer patients with more intensive and careful manners. Furthermore, we need to define the molecular mechanisms and/or pathways affected by this potential therapeutic agent. Taken together, we suggested that HAT offer potential benefits(from an approach aimed at improving symptoms and QOL) for cancer patients.

### V. Conclusion

This retrospective study was performed on 8 patients who were diagnosed as cancer in Korea and treated with HAT for related symptoms. We concluded that HAT offer potential benefits for cancer patients.

### VI. References

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